

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SILICON SPACE TRANSFORMER AND METHOD OF MANUFACTURING SAME

the specification of which is attached hereto unless the following is entered:

was filed on	as United States Application Number or PCT International Application Number	and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application Number	Country	Filing Date (day/month/year)	Priority Not Claimed

PROVISIONAL APPLICATION(S)

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number	Filing Date	Status (patented, pending, abandoned)

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John C. Altmiller (Reg. No. 25,951); Shawn W. O'Dowd (Reg. No. 34,687); Laleh Jalali (Reg. No. 40,031) of KENYON & KENYON with offices located at 1500 "K" Street NW, Suite 700, Washington, DC, 20005-1257, telephone (202) 220-4200, and at 333 W. San Carlos Street, Suite 600, San Jose, CA, 95110-2711, telephone (408) 975-7500;

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

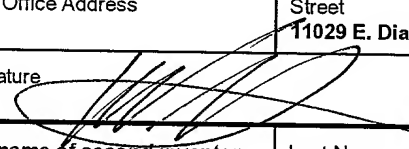
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I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

<i>Full name of first or sole inventor</i>	Last Name CRIPPEN	First Name Warren	Middle Name Stuart
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Signature 		Date 02/04/02	
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Residence	City	State or Country	Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature		Date	
<i>Full name of third inventor</i>	Last Name	First Name	Middle Name
Residence	City	State or Country	Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature		Date	
<i>Full name of fourth inventor</i>	Last Name	First Name	Middle Name
Residence	City	State or Country	Country of Citizenship
Post Office Address	Street	City	State or Country & Zip Code
Signature		Date	